



WILL REGISTRY

(Please type or print legibly.)

Name of person making Will: _____

Date Will was made: _____

Location of Will at time of registration: _____

Submit Will Registry form
and **\$10.00** fee to:

Secretary of State
700 West Jefferson Rm 203
PO Box 83720
Boise ID 83720-0080
208 334-2300

Signature: _____

Capacity: _____

Date: _____